PTO/SB/17 (10-08) Approved for use through 06/30/2010. OMB 0651-0032

Under the Paperwork Reduct	ion Act of 199	5 no persons are req	uired to r					OMB control number
Effective on 1208/2004 Fees pursuant to the Consolidation Appropriations Act, 2005 (H.R. 4618).  FEE TRANSMITTAL For FY 2009  Applicant claims small entity status. See 37 CFR 1.27  TOTAL AMOUNT OF PAYMENT (5) 180.00				Complete if Known				
				Application Number 10/531,7				
				Filing Date July 27, 200			16	
				First Named Inventor Susan D. S			trothers	
				Examiner Name	e	Jason Berm	nan	
				Art Unit 1795				
TOTAL AMOUNT OF PAY	Attorney Docke	Attomey Docket No. H0004599.69957 (			015			
METHOD OF PAYMEN	T (check a	ll that apply)						
Check Credit	Card	Money Order	T <sub>No</sub>	ne Other (	nlasca ide	antific)*		
Deposit Account				Deposit A			ter Nemer	
For the above-ident		-						
Charge fee(s					•			or the filing fee
، • لنا		e(s) or underpayme	nts of fe				m, except ic	1 Die milig lee
under 37 CF	R 1.16 and 1	.17		· · ·		erpayments		
VARNING: Information on thi nformation and authorization	s form may b on PTO-2038	ecome public. Credi 3.	t card In	formation should n	ot be Inc	luded on this f	orm. Provide o	redit card
FEE CALCULATION								
. BASIC FILING, SEAI	RCH, AND	EXAMINATION	FEES					
	RCH FEES	EXAM	MINATION FEES					
Application Type	Fee (\$)	Small Entity Fee (\$)	Fee (\$	Small Entity Fee (\$)	Fee	(\$) Small En		ees Paid (\$)
Utility	330	165	540	270	220			
Design	220	110	100	50	140		*****	
Plant	220	110	330	165	170	. , .		
Reissue	330	165	540	270	650		-	
Provisional	220	110	0	0		0 0		
2. EXCESS CLAIM FEI		110		Ü	,	, ,	Small	Entity
Fee Description							(\$) Fee	(\$)
Each claim over 20 (including Reissues)								26
Each independent claim over 3 (including Reissues)								10
Multiple dcpcndent claims  Total Claims								95
- 20 or HP =	Extra Clair	ns <u>Fee (\$)</u> x	_ <u>Fee</u>	Paid (\$)		Fee	ple Depende	ee Paid (\$)
HP = highest number of tota	I claims paid fo					100	751 17	se Faiu (\$)
Indep. Claims	Extra Clair		Fee	Paid (\$)				
- 3 or HP = HP = highest number of inde	pendent claim	X s paid for, if greater th	an 3.					
. APPLICATION SIZE	FEE							
If the specification and								
listings under 37 C sheets or fraction th						r small entity	() for each a	dditional 50
Total Sheets	Extra She	35 U.S.C. 41(a)	r of eac	h additional 50 c	r fractio		Fee (\$)	Fee Paid (\$)
- 100 =		/ 50 =		_ (round up to a v	vhole nu	ımber) x		•
. OTHER FEE(S) Non-English Specific	cation \$1	30 fee (no small	entity	discount)				Fees Paid (\$)
Other (e.g., late filing								180.00
	, surcharge	- mornauon Disc	ausure a	Statement				100.00
BMITTED BY	111	YW W	4	6/				
nature Jalill	uin-	クロイバしい	иΨ	Registration No.	6,264	Te	lephone 949-2	224-6282
			***				Alir	1 000/1

This collection of information is required by 37 CFR 1.136. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 30 minutes to complete USH 10 of pricests an agolication. Coffidereality is governed by \$0.US. 122 and 37 CHY 114. The collection is estimated to lask 37 minutes to complete to one of the collection of the collectio

Name (Print/Type) \$andra P. Thompson